

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

(a) PLAINTIFFS		DEFENDANTS																																				
EDWARD KATZ		ROBERT MOGUS AND ALL THAT GLITTERS, INC.																																				
(b) County of Residence of First Listed Plaintiff Kings (EXCEPT IN U.S. PLAINTIFF CASES)		County of Residence of First Listed Defendant State of Virginia (IN U.S. PLAINTIFF CASES ONLY)																																				
(c) Attorney's (Firm Name, Address, and Telephone Number) Shmuel Klein, Esq. sk-7212, Law Offices of Shmuel Klein, P.C. 268 Route 59 Spring Valley, NY 10977 (845) 425-2510		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.																																				
		FEB 08 2006																																				
I. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)																																				
<input checked="" type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	Citizen of This State <input checked="" type="checkbox"/> 1	PTF <input checked="" type="checkbox"/> 1 DEF <input type="checkbox"/> 1 Incorporated or Principal Place of Business in This State <input type="checkbox"/> 4																																			
<input type="checkbox"/> 2 U.S. Government Defendant	<input checked="" type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> 2	PTF <input type="checkbox"/> 2 DEF <input checked="" type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5																																			
		Citizen or Subject of a Foreign Country <input type="checkbox"/> 3	PTF <input type="checkbox"/> 3 DEF <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6																																			
V. NATURE OF SUIT (Place an "X" in One Box Only)																																						
<table border="1"> <tr> <td>CONTRACT</td> <td>TORTS</td> <td>FORFEITURE/PENALTY</td> <td>BANKRUPTCY</td> <td>OTHER STATUTES</td> </tr> <tr> <td> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input checked="" type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input checked="" type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise </td> <td> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury </td> <td> <input type="checkbox"/> 362 Personal Injury - Med. 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V. ORIGIN (Place an "X" in One Box Only)																																						
<input type="checkbox"/> 1 Original Proceeding	<input checked="" type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from another district (specify)	<input type="checkbox"/> 6 Multidistrict Litigation																																	
				<input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment																																		
VI. CAUSE OF ACTION		Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <i>Breach of Contract</i>																																				
		Brief description of cause: <i>Breach of Contract</i>																																				
VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23		DEMAND \$	CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
VIII. RELATED CASE(S) IF ANY		(See instructions): <i>7/8/06</i>		DOCKET NUMBER <i>7/8/06</i>																																		

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFFP

JUDGE

MAG. JUDGE

ARBITRATION CERTIFICATION

I, Shmuel Klein _____, counsel for Plaintiff

do hereby certify pursuant to the Local Arbitration Rule 83.10 that to the best of my knowledge and belief the damages recoverable in the above captioned civil action exceed the sum of \$150,000 exclusive of interest and costs.

Relief other than monetary damages is sought.

DISCLOSURE STATEMENT - FEDERAL RULES CIVIL PROCEDURE 7.1

Identify any parent corporation and any publicly held corporation that owns 10% or more or its stocks:

All that Glitters

Did the cause arise in Nassau or Suffolk County? no

If answered yes, please indicate which county. _____

County of residence of plaintiff(s) (1) Kings
(2) _____
(3) _____

County of residence of defendant(s) (1) State of Virginia
(2) _____
(3) _____

I am currently admitted in the Eastern District of New York and currently a member in good standing of the bar of this court.

Yes No _____

Are you currently the subject of any disciplinary action(s) in this or any other state or federal court?

Yes _____ (If yes, please explain) No

Please provide your E-MAIL Address and bar code below. Your bar code consists of the initials of your first and last name and the last four digits of your social security number or any other four digit number registered by the attorney with the Clerk of Court.

(This information must be provided pursuant to local rule 11.1(b) of the civil rules).

ATTORNEY BAR CODE: sk7212

E-MAIL Address: shmuel.klein@verizon.net

I consent to the use of electronic filing procedures adopted by the Court in Administrative Order No. 97-12, "In re Electronic Filing Procedures(EFP)", and consent to the electronic service of all papers.

Signature: _____